

ISSUE SLIP STAPLE AREA (for additional cross references)

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	9/9
O.I.P.E. CLASSIFIER		16	9-13-99
FORMALITY REVIEW	DM	72223	9-16-99

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Date
Final	
Original	
1	7/30/03
2	8/15/04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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